
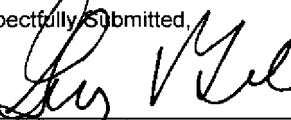


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paboojian et al.				Group No: 3734																			
Application No: 09/731,318				Examiner: Mendoza, Michael G.																			
Confirmation No: 1028				Attorney Docket No: 53246-US-CNT[2] (NV.0050.01)																			
Filed: December 6, 2000				July 26, 2011 San Francisco, California 94107																			
Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS																							
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																			
Via EFS																							
<input type="checkbox"/> Response to Final Office Action <input checked="" type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Extension (Months)</th> <th colspan="2" style="text-align: center; padding: 5px;">Extension Fee</th> </tr> <tr> <th style="padding: 5px;"></th> <th style="text-align: center; padding: 5px;">Large Entity</th> <th style="text-align: center; padding: 5px;">Small Entity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> One Month</td> <td style="text-align: center; padding: 5px;">\$130.00</td> <td style="text-align: center; padding: 5px;">\$65.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Two Months</td> <td style="text-align: center; padding: 5px;">\$490.00</td> <td style="text-align: center; padding: 5px;">\$245.00</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Three Months</td> <td style="text-align: center; padding: 5px;">\$1,110.00</td> <td style="text-align: center; padding: 5px;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: right; padding: 5px;">Total \$0.00</td> </tr> </tbody> </table> <p style="margin-top: 5px;"><input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.</p>		Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$0.00		
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Total \$0.00																							
Fees for Extra Claims																							
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee																	
				Large Entity	Small Entity																		
Total Claims	18	34	0	\$52.00	\$26.00	\$0.00																	
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00																	
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00																	
Supplemental Information Disclosure Statement																							
Total						\$0.00																	
Fee Payment				Fee Deficiency																			
Extension of Time		\$0.00		<input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> .																			
Fee for RCE		\$0.00		and/or																			
Total		\$810.00		<input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .																			
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$810.00.				Please direct telephone calls to: Guy V. Tucker at (415) 538-1555.																			
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:				Please continue to send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080																			
By:  Amy Wells				Respectfully Submitted,  Guy V. Tucker Registration No. 45,302																			
Date: July 26, 2011				Date: July 26, 2011																			